
South Carolina Department of Disabilities and Special Needs
Competitive Funding for FY-2011 Special Projects:
Statewide Consumer/Family Support Networks

Application

Project Title: _____

Funding Requested: \$ _____

Applicant Organization: _____

Federal or Tax Identification Number: _____

Mailing Address: _____

City _____ State _____ Zip _____

Project Director: _____

Title: _____ E-Mail: _____

Telephone: (____) _____ FAX: (____) _____

Fiscal Administrator: _____

Title: _____ E-Mail: _____

Telephone: (____) _____ FAX: (____) _____

Project Narrative

I. Disability population(s) to be the target of the project:

II. Project Description:

Provide an overview of the project's purpose, scope, major activities, and expected outcomes. Include linkages and collaboration with other agencies/organizations.

III. Project Goals(s) and Objectives: List the project goal(s) and objectives

IV. Project Implementation Activities:

Using the following form, specify the activities that will be implemented to accomplish each objective.

Complete a separate form for each objective.

Project Implementation Activities

Goal: _____

Objective: _____

List Activities		Person(s) Responsible	Target Date(s)	How the activity will be documented/evaluated

V. Project Budget

Attach an itemized project budget with estimated expenditures reflecting all the funds requested from SCDDSN.

Indicate any other revenue that will be used for the proposed project, specifying the source and how it will be spent.

VII. Budget Justification

Attach a budget justification explaining each of the estimated expenditures. This should include how the budgeted amount was determined and why it is necessary for the project.

VIII. Certification

The application must include the signature below of the President or Executive Director of the organization to certify that it is an official submission by the applicant.

Signature

Name Typed or Printed

Title Typed or Printed

Date

IX. Submission

The completed application and budget attachments (original and 4 copies) must be submitted by **Friday, May 28, 2010** to:

Equila Kershaw, Budget Division
SC Department of Disabilities and Special Needs
3440 Harden Street Ext.
PO Box 4706
Columbia, South Carolina 29240